

PO BOX 556
SPRINGTOWN, PA 18081
PHONE NO. 610-346-7112
FAX NO. 610-346-8189
EMAIL: WENDYKOBA@USA.NET

WENDY W. KOBA, ESQ.

Fax

Company: USPTO TC 2600

From: Wendy W. Koba

Attention: Joseph T. Phan

Pages Including Cover Sheet: 10

Fax No.: 703-872-9314

Date: 1/27/03

Re: Serial Number 09/757,454

☒ Urgent ☐ Please review ☐ Please Comment ☐ Please Reply ☐ For your information

Case Name: Gupta 2000-0163

Serial Number: 09/757,454

Filing Date: January 10, 2001

Group Art Unit: 2645

Examiner: Joseph T. Phan

Title: Voice-Operated Interface for DTMF-Controlled Systems

In response to an Office Action dated October 30, 2002 attached please find the following documents:

1. Transmittal Form (1 page)
2. Certificate of Transmission under 37 CFR 1.8 (1 page)
3. Claims as Amended (1 page)
4. Amendment (6 pages)

Respectfully submitted,

Wendy W. Koba
Wendy W. Koba, Esq.

Official

Approved for use through 10/31/2002. OMB 0651-0031
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number

Certificate of Transmission under 37 CFR 1.8

I hereby certify that this correspondence is being facsimile transmitted to the
United States Patent and Trademark Office

on 1/27/03
Date

Wendy W. Koba
Signature

Wendy W. Koba
Typed or printed name of person signing Certificate

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

1. Facsimile Cover Sheet
2. Transmittal Form
3. Claims As Amended
4. Amendment

Burden Hour Statement: This form is estimated to take 0.03 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Official

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Approved for use through 10/31/2002. OMB 0651-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/757,454
	Filing Date	1/10/01
	First Named Inventor	Gupta
	Group Art Unit	2645
	Examiner Name	Joseph T. Phan
Total Number of Pages in This Submission	Attorney Docket Number	2000-0163

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	1. Fax Cover Sheet
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	2. Cert. of Transmission under 37 CFR 1.8
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	3. Claims As Amended
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Wendy W. Koba
Signature	Wendy W. Koba
Date	1/27/03

CERTIFICATE OF MAILING		
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: _____		
Typed or printed name		
Signature	Date	

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

IN THE UNITED STATES
PATENT AND TRADEMARK OFFICECASE *Gupta 2000-0163*SERIAL NO. *09/757,454*GROUP ART UNIT *2645*FILED *January 10, 2001*EXAMINER *Joseph T. Phan*TITLE *Voice-Operated Interface for DTMF-Controlled Systems*COMMISSIONER OF PATENTS
WASHINGTON, D.C. 20231

SIR

Enclosed is an amendment in the above-identified application:

☒ No additional fee is required, as shown below.CLAIMS AS AMENDED

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS FOR FEE PURPOSES	<i>10</i>	MINUS	<i>10</i>	<i>0</i>	X \$18	<i>0</i>
INDEPENDENT CLAIMS	<i>2</i>	MINUS	<i>2</i>	<i>0</i>	X \$84	<i>0</i>
MULTIPLE DEPENDENT CLAIM(S) First presented with this amendment, if applicable					X\$280	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						<i>\$ 0</i>

Respectfully,

Wendy W. Koba
Wendy W. Koba
Reg. No. 30509
Attorney for Applicant(s)
610-346-7112Date: *1/27/03*